E-269 VE AS	P-FIR-R02-0308-55000181-1 P-FIR REV. 02 (03-08) TERANS' ORGANIZATION EXEMPT SESSOR'S FIELD INSPECTION REP REGULAR ASSESSMENT SUPPLEMENTAL ASSESSMENT	ORT	Kaenan Whitman Tuolumne County Assessor - Record 2 South Green Street, Third Floor Sonora, CA 95370 Phone: (209) 533-5535 Fax: (209) 533-5674 Email: assessor@tuolumnecounty.ca.gov
	rmation for Property No.		
Na Ad	me of organization		
	dress of <i>this</i> property	(street, cit	ty, zip code) ction of property
	laimant is owner, name of operator is		
	laimant is operator, name of owner is _ Claimant is primarily:		
A.		2. other <i>(explain)</i>	
В.	Use of property 1. The primary activity the property is used for is: (check only one)		
	<ul> <li>a. administration</li> <li>b. commercial</li> <li>c. educational</li> <li>d. farming</li> <li>m. other (<i>explain</i>)</li> </ul>	<ul> <li>e. fraternal and lodge meetings</li> <li>f. fund raising</li> <li>g. hospital</li> <li>h. housing</li> </ul>	j. recreational k. rehabilitation l. informational
	3. All or part (write in all or part when	<i>c.</i> in excess of that reaso	
	house personnel whose presence		
	<ul><li>C. Operation of property for benefit</li><li>In your opinion are services and ex</li></ul>	t of persons	
	If answer is <b>yes</b> , explain:		
	<ol> <li>In your opinion do operations enha If answer is yes, explain:</li> </ol>		
	<ol> <li>In your opinion is the claimant's pro- lf answer is no, explain:</li> </ol>		necessary?
D.	Ownership of real property (as of ap If answer is no, explain:	plicable lien date) is recorded in exac	t name of claimant  Yes No
_			Did owner file an exemption claim?
E.	<ol> <li>Supplemental Assessment (in claima</li> <li>Date of change in ownership</li> <li>Ownership in name of claimant?</li> </ol>		Recorded
	<ol> <li>Date of completion of new construct</li> </ol>		
	Explain what was constructed —		
	3. Date put to exempt use		If only a portion of the property is put to an
			Not mailed
			Assessor
F.	<ol> <li>Date first installment of supplemental tax bill becomes (became) delinquent</li></ol>		
	1. was filed last year Yes N		No
	<ol> <li>was need last year. Lifes Life</li> <li>was not filed last year, but claimed</li> </ol>	•	
	-		(give complete address including zip code)
G.	Recommendation: 1. Approval	(all) 2	2. Denial (part) (all)
	Reason for denial (if partial denial, idea	ntify specific area to be denied)	
	Date		, Assessor

